UNITED STATES

SECURITIES AND EXCHANGE COMMISSIÓN Washington, D.C. 20549

146

OMB Number 3235-0076 Expires: November 30, 2001 Estimated average burden hours per response . . 16.00

> SEC USE ONLY Prefix Serial DATE RECEIVED

04000884

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D SECTION 4(6), AND/OR

UNIFORM LIMITED OFFERING EXEMPTION (check if this is an amendment and name has changed, and indicate change.) Name of Offering MaggieMoo's International, LLC Series A Membership Interests and Common Membership Interests Rule 505 Section 4(6) ☐ ULOE Filing Under (Check box(es) that apply): ☐ Rule 504 □ Rule 506 Type of Filing: New Filing ☐ Amendment A. BASIC IDENTIFICATION DATA 1. Enter the information requested about the issuer (check if this is an amendment and name has changed, and indicate change.) MaggieMoo's International, LLC Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code) 10025 Governor Warfield Parkway, Suite 301, Columbia, MD 21044 (410) 740-2100 Address of Principal Business Operations (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code) (if different from Executive Offices) Brief Description of Business Franchisor of super-premium retail ice cream stores.

		0
Type of Business Organization		
☐ corporation	☐ limited partnership, already formed	other (please specify): limited liability company
business trust	☐ limited partnership, to be formed	

Month

JAN 13 2004

Actual or Estimated Date of Incorporation or Organization

1 9 Actual A

☐ Estimated

Jurisdiction of Incorporation or Organization:

(Enter two-letter U.S. Postal Service abbreviation for State: CN for Canada; FN# for other foreign jurisdiction)

Year

D E

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq.

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

- ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the apprpriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

> Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

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A. BASIC IDENTIFICATION DATA 2. Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer: Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Check Box(es) that Apply: ☐ Promoter Beneficial Owner ☐ Executive Officer ☐ Director General and/or Managing Partner Full Name (Last name first, if individual) Olsten Venture Partners, LLC Business or Residence Address (Number and Street, City, State, Zip Code) c/o MaggieMoo's International, LLC, 10025 Governor Warfield Parkway, Suite 301, Columbia, Maryland 21044 Check Box(es) that Apply: ☐ Promoter Beneficial Owner ☐Executive Officer □ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Olsten, Stuart Business or Residence Address (Number and Street, City, State, Zip Code) c/o MaggieMoo's International, LLC, 10025 Governor Warfield Parkway, Suite 301, Columbia, Maryland 21044 Check Box(es) that Apply: ☐ Beneficial Owner General and/or ☐ Promoter **⊠**Director Managing Partner Full Name (Last name first, if individual) Jameson, Jonathan Business or Residence Address (Number and Street, City, State, Zip Code) c/o MaggieMoo's International, LLC, 10025 Governor Warfield Parkway, Suite 301, Columbia, Maryland 21044 ☐ Executive Officer ☐ General and/or Check Box(es) that Apply: ☐ Promoter Beneficial Owner □ Director Managing Partner Full Name (Last name first, if individual) Quint, Ira Business or Residence Address (Number and Street, City, State, Zip Code) c/o MaggieMoo's International, LLC, 10025 Governor Warfield Parkway, Suite 301, Columbia, Maryland 21044 General and/or Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner □ Director Managing Partner Full Name (Last name first, if individual) Gohde, John Business or Residence Address (Number and Street, City, State, Zip Code) c/o MaggieMoo's International, LLC, 10025 Governor Warfield Parkway, Suite 301, Columbia, Maryland 21044 General and/or Check Box(es) that Apply: □ Promoter Beneficial Owner Director Managing Partner Full Name (Last name first, if individual) Tisack, James Business or Residence Address (Number and Street, City, State, Zip Code) c/o MaggieMoo's International, LLC, 10025 Governor Warfield Parkway, Suite 301, Columbia, Maryland 21044 Check Box(es) that Apply: Promoter ☐ Beneficial Owner ☐ Director General and/or Managing Partner Full Name (Last name first, if individual) Angyal, Elizabeth Business or Residence Address (Number and Street, City, State, Zip Code) c/o MaggieMoo's International, LLC, 10025 Governor Warfield Parkway, Suite 301, Columbia, Maryland 21044

				B. 1	NFORMAT	TION ABO	UT OFFER	RING				
1. Has t	the issuer so	old, or does	the issuer in	end to sell,	to non-accre	edited invest	ors in this o	ffering?			Yes	No ⊠
				Answer also	in Append	ix, Column	2, if filing u	nder ULOE.				
2. Wha	t is the mini	imum invest	ment that w	Il be accept	ed from any	individual?				••••••		
3 Does	the offerin	g nermit ioi	nt ownershir	of a single	unit?						Yes 🏻	No
4. Ente or sin listed of th	r the inform milar remur d is an assoc e broker or	nation requent neration for ciated person dealer. If n	sted for each solicitation n or agent or	person whof purchase fabroker of	o has been or rs in connect r dealer regin ns to be list	or will be pa ction with sa stered with	id or given, ales of secur the SEC and	directly or i ities in the of lor with a s	ndirectly, an offering. If tate or states	ny commission a person to be s, list the name ealer, you may] }	
Full Name	(Last name	e first, if ind	ividual)									
Business o	or Residence	e Address (N	lumber and	Street, City	State, Zip (Code)						
Name of A	Associated I	Broker or De	aler									· · · · · · · · · · · · · · · · · · ·
		····			····							
			s Solicited o vidual States							**********		All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
		e first, if ind	Number and	Street, City	, State, Zip (Code)						
Name of A	Associated E	Broker or De	ealer		<u></u>							
States in V	Vhich Perso	n Listed Ha	s Solicited o	r Intends to	Solicit Purc	hasers				*******		
(Check "A	Il States" o	r check indi	vidual States	5)		•••••						All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	(HI)	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI] Full Name	[SC] (Last name	[SD] e first, if ind	[TN] ividual)	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
		······································										
Business o	or Residence	e Address (N	Number and	Street, City	, State, Zip (Code)						
Name of A	Associated E	Broker or De	aler					·				
States in V	Which Perco	on Listed Ha	s Solicited o	r Intends to	Solicit Puro	hacers						
			vidual States									All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	(HI)	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[KN]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS 1. Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. Aggregate Amount Already Offering Price Type of Security Sold 0 Equity \$ ____ Common Preferred Convertible Securities (including warrants).....\$ Other (Specify: Common LLC Membership Interests with Warrants)......\$ 500,000 500,000 1,450,000 1,950,000 Total \$ 2,500,000 Answer also in Appendix, Column 3, if filing under ULOE. 2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero". Aggregate Number Dollar Amount Investors of Purchases Accredited Investors 1,950,000 Non-accredited Investors 0 Total (for filings under Rule 504 only) Answer also in Appendix, Column 4, if filing under ULOE. 3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C -Question 1. Dollar Amount Type of Sold Type of offering Rule 505 Regulation A..... Rule 504 Total. 4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees. Printing and Engraving Costs Legal Fees.... Accounting Fees Engineering Fees Sales Commissions (specify finders' fees separately)

Other Expenses (identify)

Total.....

C. OFFERING PRICE, NUMBER	OF INVESTORS, EXPENSE	S AND U	SE OF PRO	CEEDS		
b. Enter the difference between the aggregate offering price and total expenses furnished in response to Part C - Quest gross proceeds to the issuer."	ion 4.a. This difference is the	"adjusted			\$_	1,950,000
5. Indicate below the amount of the adjusted gross proceeds to each of the purposes shown. If the amount for any purpo check the box to the left of the estimate. The total of the	se is not known, furnish an es payments listed must equal th	ti <mark>m</mark> ate and				
gross proceeds to the issuer set forth in response to Part C - 0	Question 4, b above.		Paymer Officers, D & Affil	irectors,	I	Payments to Others
Salaries and fees			\$		\$_	
Purchase of real estate			\$		\$ _	-
Purchase, rental or leasing and installation of machinery	and equipment		\$		\$ _	
Acquisition of other businesses (including the value of this offering that may be used in exchange for the another issuer pursuant to a merger)	assets or securities of		\$		\$	
Repayment of indebtedness					_	
Working capital	.,,					1,950,000
Other (specify):		_ □				
			\$		\$_	
Column Totals			\$	🛛	\$_	1,950,000
Total Payments Listed (column totals added)		•••••		⊠ \$ <u>1,95</u>	0,000	
D.	FEDERAL SIGNATURE		2.3		*67.00°	
The issuer has duly caused this notice to be signed by the unde signature constitutes an undertaking by the issuer to furnish to information furnished by the issuer to any non-accredited investigation.	rsigned duly authorized person. the U.S. Securities and Exchang	If this no	tice is filed t	ınder Rule 505	, the f	following
ssuer (Print or Type)	Signature			Date /_	1.	
MaggieMoo's International, LLC	Jon 1 Jam	W-		1/5,	104	
Name of Signer (Print or Type)	Title of Signer (Print or Ty					
Jon R. Jamesm	Chief Execution	ic off	ier			

ATTENTION _____

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

	E. STATE SIGNATURE	
1. Is any party described in 17 CFR 230.262 present of such rule?		Yes No □ ⊠
	See Appendix, Column 5, for state response.	
2. The undersigned issuer hereby undertakes to furni 239.500) at such times as required by state law.	ish to any state administrator of any state in which this notice	is filed, a notice on Form D (17 CFR
3. The undersigned issuer hereby undertakes to furni	ish to the state administrators, upon written request, information	on furnished by the issuer to offerees.
	is familiar with the conditions that must be satisfied to be ent ce is filed and understands that the issuer claiming the availab isfied.	
The issuer has read this notification and knows the c duly authorized person.	ontents to be true and has duly caused this notice to be signed	on its behalf by the undersigned
Issuer (Print or Type)	Signature	Date
MaggieMoo's International, LLC	Jan R Jamesu	1/5/04
Name (Print or Type)	Title (Print or Type)	
Jon R. Jameson	Chief Executive officer	

Instruction

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX

1	Intended to non-a	d to sell accredited rs in State 3-Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)	Type of investor and amount purchased in State (Part C - Item 2)					5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E- Item 1)	
State	Yes	No	Series A LLC Membership Interests	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
AL			\$		\$		\$			
AK			\$		\$		\$			
AZ			\$		\$		\$			
AR			\$		\$		\$			
CA			\$		\$		\$			
СО			\$		\$		\$			
СТ			\$		\$		\$			
DE			S		\$		\$			
DC			\$		\$		\$			
FL_			\$		\$		\$			
GA			\$		\$		\$			
ні			\$		\$		\$			
ID			\$		\$		\$			
IL			\$		\$		\$			
IN			\$		\$		\$			
IA			\$		\$		\$			
KS			\$		\$		\$			
KY			\$		\$		\$			
LA			\$		\$		\$	-		
ME			\$		\$		\$	-		
MD			\$		\$		\$			
MA			\$		\$		\$			
MI			\$		\$		\$	<u> </u>		
MN			\$		\$		\$			
MS			\$		\$		\$	ļ	-	
МО			\$		\$		\$			

1	to non-a	d to sell accredited rs in State 3-Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)	Type of investor and amount purchased in State (Part C - Item 2)				5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E- Item 1)	
State	Yes	No	Series A LLC Membership Interests	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
MT			\$		\$		\$		
NE			\$		\$		\$		
NV			\$		\$		\$		
NH			\$		\$		\$		
NJ			\$		\$		\$		
NM			\$		\$		\$		
NY		X	\$2,500,000	1	\$1,950,000*	0	\$		X
NC			\$		\$		\$		
ND			\$		\$		\$		
ОН			\$		\$		\$		
OK			\$		\$		\$		
OR			\$		\$		\$		
PA			\$		\$		\$		
RI			\$		\$		\$		
SC		X	\$2,500,000	1	\$50,000	0	\$		X
SD			\$		\$		\$		
TN			\$		\$		\$		
TX			\$		\$		\$		
UT			\$		\$		\$		
VT			\$		\$		\$		
VA			\$		\$	0	\$		
WA			\$		\$		\$		
wv	_		\$		\$		\$		
WI			\$		\$		\$		
WY			\$		\$		\$		
PR			\$		\$		\$		

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^{* \$500,000} of Common LLC Membership Interests.